

Essex Park and Recreation Program Registration

Name:				M _	F	_
Grade (Fall 09)	Date of Birth	//	_ Teacher			
Program Registering for						
Shirt Size:YSYM	1YLAS_	AM	AL	AXL		
Parent/Guardian Name (If Ap	plicable)					
Phone Number			Cell:			
Address						
Email (PLEASE PRINT CLI						
Emergency Contact Name:						
Emergency Contact Phone Nu	mber:					
I hereby grant permission for nand Recreation sponsored active connected therewith, including and property damage arising frosponsored activity. I herby veri in and/or complete the progrant reatment, as necessary, while a activity. I also give permission newspapers, marketing, and advantage of the programment of the	vity. I agree to hold to the Town of Essex, om the use of the fac- fy that I or my child m. I/We grant permit attending any function for my child/myself	the Essex P harmless fr cilities during am /is in g ission for mon of any tea to be photo	ark and Recreation any and all generated the course of cood physical had considered the Essemble and for the Essem	ation Comm I claims of I If this Essex ealth and an I to receive x Park and for the pictu	nission, and a podily injury a Park and Re m able to par emergency m Recreation sp	ecreation ticipate nedical ponsored
Parent/Guardi	an Signature		Date			
Persons Authorized to Pick Up My	y Child while participa	ting in this I	Essex Park and I	Recreation S _I	ponsored Prog	ram.
Name				_		
Phone Number				_		
Name				_		
Phone Number				_		
Payment Enclosed:	Check N	lumber:	1	Date Recei	ved:	

Please make checks payable to Essex Park and Recreation and mail to: Town of Essex Park and Recreation Department 29 West Avenue Essex, CT 06426 (860) 767-4340 x110 or 148 Email: recreation@essexct.gov